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CONFIRMATION NO. 4645

<b>SERIAL NUMBER</b> 10/649,068	<b>FILING OR 371(c) DATE</b> 08/27/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 65937-0037	
<b>APPLICANTS</b> Joseph L. Mark, Indianapolis, IN; Michael E. Miller, Trafalgar, IN; Timothy A. Goedde, Indianapolis, IN;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/416,755 10/07/2002 <i>ps</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>(NONE) ps</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/19/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> <del>32</del> 38 <i>ps</i>	<b>INDEPENDENT CLAIMS</b> <del>4</del> 3 <i>ps</i>
<b>ADDRESS</b> 10291					
<b>TITLE</b> Introduction system for minimally invasive surgical instruments					
<b>FILING FEE RECEIVED</b> 1905	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		